

WHEN SHOULD I REQUEST AN ADMINISTRATIVE HEARING?

You may request a hearing when you believe:

- You have been denied Medicaid assistance or services.
- Medicaid services you are currently receiving have been reduced, suspended, or terminated.
- An action on your Medicaid case has been unreasonably delayed.
- You feel the Department of Community Health or its contractor has taken an action in error.
- You believe a nursing care facility has incorrectly determined that you must be transferred or discharged.
- You believe the State has made an incorrect decision concerning preadmission and annual resident review requirements.

HOW LONG DO I HAVE TO REQUEST A HEARING?

You have ninety (90) days to request a hearing after you have been notified in writing of the action the Department of Community Health or its contractor has taken or is intending to take.

All denials, reductions, terminations or suspensions of Medicaid services must be provided to you in writing. This document is called a notice.

If Medicaid services have been denied, terminated, reduced or suspended and this denial, termination, reduction or suspension has not been given to you in writing, you may still request a hearing.

HOW DO I ASK FOR A HEARING?

A hearing request form should be mailed to you with the notice of denial, service reduction,

termination or suspension. However, you are not required to use a form to request a hearing.

You can request a form for an administrative hearing at the following agencies:

- Local Family Independence Agencies
- Your Health Maintenance Organization
- Area Agencies on Aging
- Substance Abuse Agencies
- Your Community Mental Health Agency
- MI Enrolls – **1-888-367-6557**
- Online at <http://www.michigan.gov/mdch>
 - Click - **Inside Community Health**
 - Click - **Policy and Legal Affairs**
 - Click - **Administrative Tribunal**

All hearing requests must be in writing and signed by you or your legal guardian. Your request should identify the action or lack of action with which you disagree and the type of service that is involved.

UNDER WHAT CIRCUMSTANCES WILL I CONTINUE TO RECEIVE SERVICES?

If you are receiving assistance or a service and it is to be reduced, suspended or terminated, you should be mailed a notice telling you the “effective date” of the reduction, suspension or termination.

If you file a hearing request in writing before the effective date of the action, you will continue to receive the benefits until the hearing is held and a decision is made.

HOW WILL I BE NOTIFIED OF THE HEARING DATE AND LOCATION?

A notice of the date, time and location of the hearing will be mailed to you.

This notice will also give you instructions to follow if it is impossible for you to attend the hearing on the date it is scheduled.

WHERE WILL THE HEARING BE HELD?

Most hearings will be held over the telephone. The Administrative Law Judge (ALJ) remains in his/her office and connects all parties by phone.

You may:

- Remain at home
- Visit your local Family Independence Agency (FIA)
- Visit your local Community Mental Health (CMH) Agency
- Visit your local Area Agency on Aging
- Visit your local Substance Abuse Agency

When you request an in-person hearing, the hearing will be held at your local FIA or CMH Agency, or if you are located in Wayne County, at Cadillac Palace in Detroit. You or your representative and the ALJ will be the only individuals attending in-person.

MAY I HAVE SOMEONE REPRESENT ME AT THE HEARING?

An attorney, friend, client advocate or a family member may represent you. The Department cannot provide you with an attorney or pay attorney fees. You must inform the DCH, in writing, of the name of your hearing representative.

WHO WILL HEAR MY CASE?

An Administrative Law Judge from the Department of Community Health will hear your case.

WHO WILL BE AT THE HEARING?

- Beneficiary (person receiving the services)
- Beneficiary's representative (if any)
- Witnesses for the Department
- Witnesses for the beneficiaries
- DCH Agency staff
- Administrative Law Judge

WHAT WILL HAPPEN AT A HEARING?

- The Administrative Law Judge will call the hearing to order, announce the title of the case, and explain what will happen at the hearing. You will have the opportunity to tell the judge the reason you requested the hearing.
- You will be allowed to question agency representatives and witnesses. Agency representatives will be allowed to question you and your witnesses.
- The hearing will be tape-recorded.
- If you do not understand the questions being asked of you, the ALJ will assist you.

HOW AM I NOTIFIED OF THE ALJ DECISION?

The ALJ will not make a decision regarding your case at the hearing. You will receive a written Decision and Order from the judge in the mail.

WHAT IF I DISAGREE WITH THE DECISION?

If you are dissatisfied with the Decision and Order, you may appeal to the circuit court of the county in which you live and/or request in writing a rehearing with the Administrative Tribunal within thirty (30) days of your receipt of the Decision and Order.

HEALTH INFORMATION DISCLOSURE

The request for hearing and all relevant information including health information necessary to conduct a comprehensive and fair hearing will be disclosed to all parties of the hearing and will be used for purposes related to the hearings process. This information is subject to disclosure under Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule without a written authorization. This information is necessary in order to conduct a review of the recipient's right to coverage or payment for certain health care services and is used for the purposes of payment, health care operations, and the administration of a medical assistance program. Recipients may have an individual(s) attend their hearing or speak on their behalf. By bringing an individual(s) to the hearing or having an individual speak on behalf of the recipient, it is inferred that the recipient agrees that his or her protected health and payment information be disclosed in his or her presence.

If you have further questions, please write to:

**ADMINISTRATIVE TRIBUNAL
MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH
P.O. BOX 30195
LANSING, MI 48909**

**Email at
administrativetribunal@michigan.gov
Or call (877) 833-0870**

42 CFR 431.200 *et seq.*,
42 CFR 438.1 *et seq.*
45 CFR Part 160 and Part 164

MEDICAID FAIR HEARINGS



Rights & Responsibilities